

CHANGE/CANCELLATION FORM

Please complete applicable sections, including your signature.
Use blue or black ink only, and be sure all copies are legible.



Check box if applicable and complete corresponding section

Subscriber's Last Name:	First Name:	M.I.:	PHS ID #:	Business Phone #:	Extension:
New Address:	Street:	City:	State:	Zip:	New Home Phone #:

<input type="checkbox"/> Change Address	Old Name:	New Name:
<input type="checkbox"/> Change Name	Term Code:*	Relationship to You:
<input type="checkbox"/> Add Dependent	Last Name:	First Name:
<input type="checkbox"/> Delete Dependent	M.I.:	M.I.:
<input type="checkbox"/> Change Primary Care Physician	Social Security #:	Sex M F Other:
	Birth Date: / /	Date of Birth: MO DAY YR
	Adoption Date: / /	Name of Primary Care Physician:
	Divorce Date: / /	Access Number:

Indicate Subscriber/Dependent Who Has Other Coverage:

Reason for addition or deletion, if not open enrollment: Marriage Divorce Birth Divorce Other: / / / /

Is your spouse employed? YES NO If yes, list employer's name and address: / / / /

Are your dependents covered by other health insurance? YES NO If yes, list other health insurance company and policy number: / / / /

Term Code*: _____ (Required - See term codes in box at right)

Reason for Reinstatement:

From: Group Number _____ To: Group Number _____

From: Sub Group #: _____ To: Sub Group #: _____

From Plan #: _____ To Plan #: _____ Effective Date: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Effective Date of Change/Cancel: MO DAY YR

Group #: _____ Subgroup: _____ Plan Code: _____ Employer Name: _____

Employer Signature: _____ Date: _____

Reinstate Contract (Subscriber & Dependents)

Transfer Contract (Subscriber & Dependents)

Other

Subscriber's Signature

Signature: _____ Date: _____

***TERM CODES (use for deleting dependents or contract)**

A - Left employment/change of employment status

B - Deceased

C - Retired

D - Transferred to another insurance

E - Moved out of area

N - Divorced

T - Dependent Ineligible

V - Termination of continuation options (COBRA or state extension)

X - Laid off